

**Overview****Method Name**

Immunoassay (IA)

**NY State Available**

Yes

**Specimen****Specimen Type**

CSF

**Specimen Required**

Submit 1 mL of spinal fluid (CSF). Send refrigerate in a plastic vial.

**Reject Due To**

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

**Specimen Minimum Volume**

0.25 mL

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	7 days	
	Frozen	180 days	
	Ambient		

**Clinical & Interpretive****Reference Values**

Reference Range: Not Established

Units: ug/mL

**Performance****PDF Report**

No

**Performing Laboratory Location**

Medtox Laboratories, Inc.

**Fees & Codes****Test Classification****CPT Code Information**

80170

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FGENT	Gentamicin, CSF	13561-6

Result ID	Reporting Name	LOINC®
Z3321	Gentamicin	13561-6